

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 29 AM 7:46  
FAX 10/28 PM

COMMITTEE NAME (Must be same as on Statement of Organization) **#564**  
**MURPHY FOR STATE REPRESENTATIVE**

IMPORTANT: Indicate by # type of committee you are reporting for:  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name **PAT MURPHY** Political Party (if applicable) **DEMOCRAT**  
Office Sought **STATE REPRESENTATIVE** District (if Senate or House) **HD 28**

FORM  
**DR-2**  
(Rev. 12/2009) DISCLOSURE  
REPORT

For Office Use Only  
Comm. # **564**  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

**Patrick J. Murphy** **563-582-5922** **10/28/10**  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A **OCT. 28, 2010** REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # **1**

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

**6011.32**  
**44850.00**  
**50,861.32**  
**31,652.14**  
**19,209.18**  
**3058.00**  
**0**

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Murphy for State Representative 10504

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/15/10	ID# CK#	JOHN CACCIATORE 1700 CASSADY A.M. IA 50315		\$ 100.00	<input type="checkbox"/>
10/15/10	ID# CK#	WESTON MILLER 1146 SUNSET VILLE L.A. CALIFORNIA 90009		2500.00	<input type="checkbox"/>
10/15/10	ID# CK#	JOHN BARABINO 1304 FEDERAL HEIGHTS SALT LAKE CITY UT 84103		1000.00	<input type="checkbox"/>
10/15/10	ID# CK# 4246	CARPENTERS PAC 12 E ERIE CHICAGO ILL 60611		5000.00	<input type="checkbox"/>
10/15/10	ID# 6046 CK# 4720	JUSTICE FOR ALL 318 6TH AVE STE 526 D.M. IA 50309		2500.00	<input type="checkbox"/>
10/15/10	ID# 6107 CK# 3761	QWEST IFAC 925 HIGH D.M. IA 50309		1500.00	<input type="checkbox"/>
10/15/10	ID# CK#	MARK BRANDSARD 513 COLONIAL CIRCLE WDM IA. 50265		500.00	<input type="checkbox"/>
10/16/10	ID# CK#	JIM HAAS 163 PROSPECT AVE SAN FRANCISCO CA 94110		100.00	<input type="checkbox"/>
10/16/10	ID# CK#	JOE CROZIER 1024 CANTERBURY BURLINGTON IA. 52601		25.-	<input type="checkbox"/>
10/16/10	ID# CK#	RON FIEDLER 3010 OVERFIELD SWITZER IA 52338		50.-	<input type="checkbox"/>

SUB-TOTAL

\$ 14275.00 o.k.  
\$

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Murphy for State Representative ID 564*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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10/16/10	ID# CK#	GLENN PELTZER 1546 VALLEY BETTER DORF IA 52222		\$ 25.00	<input type="checkbox"/>
10/16/10	ID# CK#	LANE PLUGGE 17218 LOCKLAND C. D. IA. 51503		25.00	<input type="checkbox"/>
10/16/10	ID# 9659 CK# 1670	FED. OF IA. JUDGES P.O. BOX 1756 D.M. IA. 50306		500.00	<input type="checkbox"/>
10/16/10	ID# CK# 21269	IOWA ED. COMM. 900 7TH ST. N.W. WASH. D.C. 20001		250.00	<input type="checkbox"/>
10/16/10	ID# CK#	ROBERT STAESCHKE 7720 N. MERIDE LAKE FOX POINT WIS 53217		100.00	<input type="checkbox"/>
10/18/10	ID# CK#	CAROL MASTER 199 COOLIDGE WATERTOWN MA. 02472		1000.00	<input type="checkbox"/>
10/19/10	ID# CK#	ROBERT STAESCHKE ERROR		<del>100.00</del>	<input type="checkbox"/>
10/21/10	ID# CK# 10003	TEAMSTERS 180 PAC 7822 ULYSSES STE 180 BLAINE MN 55434		500.00	<input type="checkbox"/>
10/21/10	ID# CK# 1095	NECA PAC 2900 WESTOWAPAWY RD WDM IA 50266		1000.00	<input type="checkbox"/>
10/21/10	ID# CK#	EDUCATION OPP. PAC P.O. BOX 18039 D.M. IA 50312		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3900.00	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$ 3900.00	<input checked="" type="checkbox"/>

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Murphy for State Representative ID 564*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/21/10	ID# 6056 CK# 4039	BOULA PAC 8800 NW 62ND AVE JOHNSTONE, IA 50131		\$ 1000.00	<input type="checkbox"/>
10/21/10	ID# CK#	CHRISTO OKUTTT 18 BROADWAY #301 PARRO N.D. 58102		1000.00	<input type="checkbox"/>
10/22/10	ID# CK#	TERRELL HEEK 35 BETHUNE APT. 2D N.Y. N.Y. 10014		250.-	<input type="checkbox"/>
10/22/10	ID# CK#	LAURA RICHETTS 1615 W. ROSEHILL CHICAGO, IA 60660		4000.00	<input type="checkbox"/>
10/23/10	ID# CK#	MONA HANLEY 1004 AUNTAM DRO IA 52001		25.00	<input type="checkbox"/>
10/23/10	ID# 6021 CK# 2656	CUPAC P.O. BOX 10409 D.M. IA 50306		7500.00	<input type="checkbox"/>
10/25/10	ID# CK# 010168	MERLE EMP. PAC 601 PENNSYLVANIA AVE N.W. WASH. D.C. 20004		1000.00	<input type="checkbox"/>
10/25/10	ID# CK#	COURTNEY PEUDERGASS 188 MAPLETON RAG CLEVELAND TN 37312		1500.00	<input type="checkbox"/>
10/25/10	ID# CK#	ARI GAYLE R. JONES 450 ANATOLE LN NW CLEVELAND TN 37312		1500.00	<input type="checkbox"/>
10/25/10	ID# 6264 CK# 1060	IA AUTO RECYCLERS 55 W 32ND DUBOUE IA 52001		2000.00	<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$19,275.00 - 0.2  
\$ 13,775

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Page 3 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

MURPHY FOR STATE REPRESENTATIVE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/25/10	ID# CK#	STEVE FALCK 1305 LOCUST #8 D.M. IA 50309		\$ 100.00	<input type="checkbox"/>
10/26/10	ID# CK#	PATRICK MURPHY 2740 DOUGLAS AVE D.M. IA 50310		4000.00	<input type="checkbox"/>
10/26/10	ID# CK#	RALPH M WILL 2015 FOSSIL CREEK FT. COLLINS CO. 80528		1000.00	<input type="checkbox"/>
10/26/10	ID# CK#	CAROLYN GAUKEL 416 4TH ST. W PM IA. 50265		200.00	<input type="checkbox"/>
10/26/10	ID# 6485 CK# 1053	KRAUSE GENTILE PAC 6400 WESTOWN PKWY W PM IA 50266		2000.00	<input type="checkbox"/>
10/23/10	ID# CK#	BILL WINDERS 8589 N. BARGER RD E. DRD ILL. 60135		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 750.00

TOTAL (if last page of this schedule)

\$ 44,850

44,850

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Murphy for State Representative INS4

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/19/10	ID# CK# 1184	Iowa Democratic Party 5601 Howe Drive Des Moines Iowa 50321	contribution to state party	\$10,000.00
10/21/10	ID# CK# 1185	Radio Dubuque 8th and Bluff Dubuque, Iowa 52001	purchase of radio advertising	1,302.00
10/21/10	ID# CK# 1186	Patrick Murphy 155 N. Grandview Dubuque, Iowa 52001	reimburse candidate for payment of radio advertising @ Queen Bee Radio	348.00
11/17/10	ID# CK#	Dupaco Credit Union P.O. Box 179 Dubuque, Iowa 52004-0179	ATM transaction fee and tax	.54
10/21/10	ID# CK#	Dupaco Credit Union P.O. Box 179 Dubuque, Iowa 52004-0179	ATM transaction fee and tax	.54
10/24/10	ID# CK#	DUPACO C.U. P.O. BOX 179 DUBUQUE IA 52004	ATM TRANSACTION FEES + TAX	.54
10/26/10	ID# CK#	DUPACO C.U. P.O. BOX 179 DUBUQUE IA 52004	ATM TRANSACTION FEES + TAX	.54
10/26/10	ID# CK# 1187	EDP 5661 FLUER DR P.M. IA 50321	CONTRIBUTION	3000.00
SUB-TOTAL				\$14852.16
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

**MURPHY FOR STATE REPRESENTATIVE**

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
0/26/10	ID# CK# 1188	FDP 5461 FLUER DR. D.M. #A 50321	CONTRIBUTION	\$17,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 17,000.00

TOTAL (If last page of this schedule) \$ 31,652.10

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Murphy for State Representative ID #504

SCHEDULE  
E  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/20/10	James Connerly 400 Homestead Building 303 Mount Street New Monroe, Iowa 50309	—	food & beverage for Oct. 13 event.	200.00	<input checked="" type="checkbox"/>
10/23/10	IP P 5601 FLUOR DR. D. M. IA 50321	—	MATZ-065	2858.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	3058.00
TOTAL (if last page of this schedule)				\$	3058.00

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Page 1 of 1  
(for Schedule E)